

Complete Summary

GUIDELINE TITLE

Pneumococcal vaccination for cochlear implant candidates and recipients: updated recommendations of the Advisory Committee on Immunization Practices.

BIBLIOGRAPHIC SOURCE(S)

Pneumococcal vaccination for cochlear implant candidates and recipients: updated recommendations of the Advisory Committee on Immunization Practices. MMWR Morb Mortal Wkly Rep 2003 Aug 8;52(31):739-40. [6 references] [PubMed](#)

GUIDELINE STATUS

This is the current release of the guideline.

This guideline updates a previous version: Pneumococcal vaccination for cochlear implant recipients. MMWR Morb Mortal Wkly Rep. 2002 Oct 18;51(41):931.

COMPLETE SUMMARY CONTENT

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SCOPE

DISEASE/CONDITION(S)

Pneumococcal meningitis

GUIDELINE CATEGORY

Prevention

CLINICAL SPECIALTY

Family Practice
Infectious Diseases
Internal Medicine
Otolaryngology
Pediatrics
Preventive Medicine

INTENDED USERS

Health Care Providers
Physicians

GUIDELINE OBJECTIVE(S)

To present recommendations for pneumococcal vaccination for cochlear implant candidates and recipients

TARGET POPULATION

Cochlear implant candidates and recipients

INTERVENTIONS AND PRACTICES CONSIDERED

Pneumococcal Vaccination

1. 7-valent pneumococcal conjugate vaccine (PCV7) (Prevnar®)
2. 23-valent pneumococcal polysaccharide vaccine (PPV23) (Pneumovax®)

MAJOR OUTCOMES CONSIDERED

Not stated

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Not stated

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Not stated

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not applicable

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Not stated

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Not stated

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

The Advisory Committee on Immunization Practices (ACIP) recommends the following for persons who have or are scheduled to receive a cochlear implant (refer to the [Table](#) in the original guideline document).

- Children with cochlear implants aged <24 months should receive 7-valent pneumococcal conjugate vaccine (PCV7), as is universally recommended; children with a lapse in vaccination should be vaccinated according to the catch-up schedule issued after the PCV7 shortage resolved (CDC, 2000; CDC, 2003).

- Children aged 24--59 months with cochlear implants who have not received PCV7 should be vaccinated according to the high-risk schedule; children with a lapse in vaccination should be vaccinated according to the catch-up schedule for persons at high risk issued after the PCV7 shortage resolved (U.S. Food and Drug Administration; CDC, 2000). Children who have completed the PCV7 series should receive 23-valent pneumococcal polysaccharide vaccine (PPV23) ≥ 2 months after vaccination with PCV7 (U.S. Food and Drug Administration).
- Persons aged 5--64 years with cochlear implants should receive PPV23 according to the schedule used for persons with chronic illnesses; a single dose is indicated (CDC, 1997).
- Persons planning to receive a cochlear implant should be up-to-date on age-appropriate pneumococcal vaccination ≥ 2 weeks before surgery, if possible.

Health-care providers should review vaccination records of their patients who are cochlear implant recipients or candidates to ensure that they have received pneumococcal vaccinations based on the age-appropriate schedules for persons at high risk. In addition, all cases of meningitis should be reported to state health departments according to state health requirements. Because information about *Streptococcus pneumoniae* serotypes causing pneumococcal meningitis in persons with cochlear implants is limited, providers are encouraged to send isolates to their state health department, which can forward isolates to CDC, where serotyping can be performed to determine whether the type is included in the vaccines.

For reporting information, please refer to the original guideline document.

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

REFERENCES SUPPORTING THE RECOMMENDATIONS

[References open in a new window](#)

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is not specifically stated for each recommendation.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Decreased rate of pneumococcal meningitis in cochlear implant recipients.

POTENTIAL HARMS

Not stated

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

Use of trade names and commercial sources is for identification only and does not imply endorsement by the U.S. Department of Health and Human Services. References to non-CDC sites on the Internet are provided as a service to Morbidity and Mortality Weekly Report (MMWR) readers and do not constitute or imply endorsement of these organizations or their programs by CDC or the U.S. Department of Health and Human Services. CDC is not responsible for the content of pages found at these sites.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

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ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2003 Aug 8

GUIDELINE DEVELOPER(S)

Centers for Disease Control and Prevention - Federal Government Agency [U.S.]

SOURCE(S) OF FUNDING

United States Government

GUIDELINE COMMITTEE

Not stated

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Not stated

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

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GUIDELINE AVAILABILITY

Electronic copies: Available from the [Centers for Disease Control and Prevention \(CDC\) Web site](#).

Print copies: Available from the Centers for Disease Control and Prevention, MMWR, Atlanta, GA 30333. Additional copies can be purchased from the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402-9325; (202) 783-3238.

AVAILABILITY OF COMPANION DOCUMENTS

None available

PATIENT RESOURCES

None available

NGC STATUS

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